

 **Workshop Request Form**

This form is fillable using word. Digital forms can be emailed to svworkshops@uvic.ca.
Printed forms can be scanned and emailed.

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| **School:**  | School Phone:       |
| School Address:       | Primary Contact:       |
| School Fax:       | Contact Email:       |
| Bell Schedule:**Start**:       **AM Recess**:       -       **Lunch**:       -       **PM Recess**:       -       **End**:       |

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| --- | --- | --- | --- | --- | --- |
| **Workshop Requested** | **Teacher’s Name** | **Preferred Date(s) and Times** | **Grade(s)** | **# of****Students** | **Room #** |
| 1.       |       |  |       |       |       |
| 2.       |       |  |       |       |       |
| 3.       |       |  |       |       |       |
| 4.       |       |  |       |       |       |
| 5.       |       |  |       |       |       |
| 6.       |       |  |       |       |       |
| 7.       |       |  |       |       |       |
| 8.       |       |  |       |       |       |
| 9.       |       |  |       |       |       |
| 10.       |       |  |       |       |       |
| 11.       |       |  |       |       |       |
| 12.       |       |  |       |       |       |
| 13.       |       |  |       |       |       |
| 14.       |       |  |       |       |       |
| 15.       |       |  |       |       |       |
| 16.       |       |  |       |       |       |